STATE OF MONTANA OFFICE OF THE STATE PUBLIC DEFENDER

Contract Attorney Summary Claim Form CONFLICT CASES

Name of Claimant					Vendor ID #		
You must attach an itemized invoice and any related pre-approvals to this summary claim form. Detail travel expenses by case ID on a travel expense voucher and attach. Submit the monthly claim by the 10th of the month following the month in which costs were incurred. Do not include dates of service for more than one calendar month. Submit conflict and non-conflict cases on separate claims. (For more detailed information on how to submit a claim, contact Lynn MacMillan at 496-6385 or go to http://www.publicdefender.mt.gov/contracts.asp .) Submit this claim to Larry Murphy, Contract Manager, 44 W. Park, Butte MT 59701. Please mail the original, including your original signature. We cannot accept faxes or signature stamps. Note all cases that you have closed (C) or that are inactive (I) on this form. Identify all closures with the following codes: C1 Dismissed C2 Guilty-Plea C3 Guilty-Trial C4 Acquitted C5 Terminated C6 Relinquished C7 Adjudication C8 Consent Decree C9 Other Month of Service Billing for Region Note: Claims submitted more than 45 days from the last day of the month of service will be denied.							
Client Name	OPD-Assigned Case ID #	Closed (C) or Inactive (I) Case?	Hours Worked	Total Fees	Total Costs (including Travel)	Total Fees & Costs	
TOTALS							
	ounsel certifies that the cas	es listed, exp	enses claimed a				
Attorney's Signature/Date of Submission Co					Contract Manager's Approval/Date Approved		

Signatures above certify that all costs in excess of \$200 have been pre-approved.